

**Non EBD – Second Party Review Tool Instructions**

This form is to be used to determine correctness of error prone elements within Food Stamp cases. In the interest of time, only review the elements identified on the form.

- Case Name:** Identify the primary person of the case
- Worker Name:** Identify the name of ESS worker
- Case Number:** Enter the current case number from CARES
- X# (ex. XMI):** View ACCH to identify the current ESS worker assigned to the case
- PP SSN:** Identify the social security number of the primary person
- Benefit Review Month:** Identify the month of benefits being reviewed by reader
- Reviewed By:** Enter your name
- Case Read date:** Enter the date you are reviewing the case
- Elements Correct:** Indicate YES if all elements are found to be correct.  
Indicate NO if an error is detected.
- Date case corrected:** Indicate the date you have made corrections on the case.
- Data Exchange Table:** Review data exchange for all adult members of the FSG to identify income and potential matches requiring action for the case. This table is for reference only for the reviewer.

**When Reviewing Components of the Case –** Read each question, go to screens in CARES identified on the form. Refer to the FSH references indicated within each section if assistance is needed to identify correct policy.

**For every error identified...Please indicate the element, nature and cause for each error.**

**Element** = the error found in regards to the component (HH Comp, Earned Income, Unearned Income, Shelter or Utility Deductions)

**Nature** = the reason the element was in error, further detail of the error found in regards to the component.

**Cause** = what occurred or did not occur to result in an error being made. What caused the error?

On the form, if the element is in error, you will indicate a NO for that Question. Then go onto the Nature questions.

You will then determine which of the questions listed best describes the Nature of the error, you will indicate a YES for the nature. More than one nature could apply. Identify all that do.

You will then need to identify the Cause of the error. The Cause codes are identified the footer on each page. Choose the Cause code that best fits why the error occurred.

**If an error is determined, calculate the correct FS allotment for the month being reviewed.**

**Benefit Allotment:** Enter the original benefit allotment determined by the ESS

**Correct Benefit Amount:** Enter the correct benefit allotment determined by the review

**Benefit Error Amount:** Enter the difference between the original determination and the correct allotment. Also indicating if there was an under or over issuance.

**Follow Up Needed:** Indicate YES if there are items that require an ESS worker to follow up – complete the Follow Up Form with any necessary instruction and pass onto the ESS worker  
Indicate NO if there is no need for Follow Up by the ESS.

**Comments:** Enter comments as needed.